

# Tennessee Department of Children's Services



## Child and Family Services Review

### Program Improvement Plan

2002 Review

# Tennessee Department of Children's Services Child and Family Services Review Program Improvement Plan

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## I. PIP General Information

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## II. Summary of Outcomes and Systemic Factors Addressed in PIP

Outcome, Performance Item, or Systemic Factor		Addressed in PIP		2002 CFSR Benchmark
		Y	No	
<b>Outcome S1:</b>	<b>Children are, first and foremost, protected from abuse and neglect.</b>	X		<b>84.6%</b>
Item 1:	Timeliness of initiating investigations of reports of child maltreatment	X		71%
Item 2:	Repeat maltreatment		X	97%
<b>Outcome S2:</b>	<b>Children are safely maintained in their homes whenever possible and appropriate.</b>	X		<b>68.4%</b>
Item 3:	Services to family to protect child(ren) in home and prevent removal	X		78%
Item 4:	Risk of harm to child(ren)	X		71%
<b>Outcome P1:</b>	<b>Children have permanency and stability in their living situations</b>	X		<b>31%</b>
Item 5:	Foster care re-entries	X		75%
Item 6:	Stability of foster care placement	X		66%
Item 7:	Permanency goal for child	X		59%
Item 8:	Reunification, guardianship, or permanent placement with relatives	X		69%
Item 9:	Adoption	X		10%
Item 10:	Permanency goal of other planned permanent living arrangement	X		44%
<b>Outcome P2:</b>	<b>The continuity of family relationships and connections is preserved for children.</b>	X		<b>37.9%</b>
Item 11:	Proximity of foster care placement		X	85%
Item 12:	Placement with siblings	X		67%
Item 13:	Visiting with parents and siblings in foster care	X		70%
Item 14:	Preserving connections	X		64%
Item 15:	Relative placement	X		38%
Item 16:	Relationship of child in care with parents	X		61%
<b>Outcome WB1:</b>	<b>Families have enhanced capacity to provide for their children's needs.</b>	X		<b>52%</b>
Item 17:	Needs and services of child, parents, foster parents	X		56%
Item 18:	Child and family involvement in case planning	X		65%
Item 19:	Worker visits with child		X	92%
Item 20:	Worker visits with parent(s)	X		68%
<b>Outcome WB2:</b>	<b>Children receive appropriate services to meet their educational needs.</b>	X		<b>82.2%</b>
Item 21:	Educational needs of the child	X		82%

<b>Outcome WB3:</b>	<b>Children receive adequate services to meet their physical and mental health needs.</b>	X		<b>69.4%</b>
Item 22:	Physical health of the child		X	89%
Item 23:	Mental health of the child	X		71%
<b>Systemic Factors</b>				
SF 1:	Statewide Information System		X	4
SF 2:	Case Review System	X		2
SF 3:	Quality Assurance System		X	4
SF 4:	Training	X		2
SF 5:	Service Array	X		2
SF 6:	Agency Responsiveness to the Community		X	3
SF 7:	Foster and Adoptive Parent Licensing, Recruitment, and Retention		X	3

### III. Summary of PIP Work Group Participants

In developing the Program Improvement Plan (PIP), the Tennessee Department of Children's Services (DCS) involved central office and regional staff, members of the statewide advisory committee, and community stakeholders. The department began by conducting three daylong meetings that focused on improving services in the areas of safety, permanency, and well-being. The information gathered from those meetings was then reviewed by staff and used to develop strategies for improvement. Workgroups were also created to assist the development of the new Standards for Professional Practice Manual; which will address the standards and guiding principles of the department and will establish the foundation for developing policy, resources, training, employee evaluations and performance measures. (Names of participants in the development of the PIP and the practice model are included in the appendix.)

### IV. Introduction

The Tennessee Department of Children's Services provides child welfare services to dependent/neglected children, as well as youth adjudicated delinquent or unruly. There are approximately 9,800 children in the custody of the state. DCS services are provided by approximately 4,000 employees across 12 regions of the state. At the state level, administrative oversight and support of departmental functions is provided from the central office in Nashville by two major program divisions: Child Welfare Programs, and Residential Treatment Facilities; and four major support divisions: Compliance and Training, Fiscal and Administrative Services, Legal Services, and Resource Management and Information Technology. A regional administrator manages program operations for all child welfare programs, fiscal matters, and personnel in each of the 12 regions. DCS has experienced three commissioners within the last two years and two significant reorganizations, and has entered into consent decrees in two key federal lawsuits *John B. v. Menke* (1998) and *Brian A. v. Sundquist* (2001).

In order to provide services to families of children at risk of entering state custody, the department contracts with one Community Services Agency (CSA) in each region. Through the Family Support Services (FSS) program, the CSA staff provides targeted case management services, purchased services, and flexible funding to these families. The Family Crisis

Intervention Program (FCIP) focuses on providing case management services to children who display unruly behaviors and their families. For the purposes of the CFSR case file review, in-home cases were considered to be those cases DCS referred to the CSA for continuation of services through the FSS or FCIP programs.

In 2002, the Tennessee Department of Children Services (DCS) participated in the federal Child and Family Services Review (CFSR). The purpose of the review process is to examine the experiences of children and families involved with state child welfare systems, to evaluate state conformity with federal child welfare regulations outlined in Titles IV-B and IV-E of the Social Security Act, and to help states develop their ability to improve outcomes for the children and families they serve. The review process is organized around outcomes for children and families related to safety, permanency, and well-being, as well as seven systemic factors that support the agencies' ability to meet those outcomes.

The 2002 review was conducted in two phases; 1) the submission of the Statewide Assessment completed by DCS staff with input from external stakeholders and including a data profile based on 2000 state Adoption and Foster Care Analysis Reporting System (AFCARS) and Child Protective Services (CPS) data that addressed the outcomes of safety and permanency, 2) an on-site review, which took place June 3 – 7, 2002, of a total of 50 cases randomly selected from Memphis, Knox, and Sumner counties. Both the Statewide Assessment and the On-site review addressed the following systemic factors and outcomes.

Systemic factors:

- 1) State Information System/TN KIDS
- 2) Case Review System
- 3) Quality Assurance System
- 4) Staff and Provider Training
- 5) Service Array
- 6) Agency Responsiveness to the Community
- 7) Foster and Adoptive Home Licensing, Approval, and Recruitment

Outcomes:

- 1) Safety
  - Children are, first and foremost, protected from abuse and neglect
  - Children are safely maintained in their homes whenever possible and appropriate
- 2) Permanency
  - Children have permanency and stability in their living situations
  - The continuity of family relationships and connections is preserved for children
- 3) Well-Being
  - Families have an enhanced capacity to provide for their children's needs
  - Children receive appropriate services to meet their educational needs
  - Children receive adequate services to meet their physical and mental health needs

At the end of the two-stage review, states determined not to have achieved a substantial conformity rating of 90% or above in all outcome areas and a rating of 3 or 4 in all systemic factors assessed are required to develop and implement Program Improvement Plans addressing the areas of nonconformity. Tennessee DCS will address all outcome areas and three of the seven systemic factors in the following Program Improvement Plan.

## **V. The PIP Format and Matrix**

This Program Improvement Plan consists of two sections, the narrative and the matrix. The narrative section describes the relationship of the CFSR process to the *Brian A.* settlement agreement, the mission and vision of the agency, and the primary elements for change that DCS will implement.

The PIP Matrix is comprised of the following sections:

1. Goals – For each outcome, item, and systemic factor identified as not being in substantial conformity, a measurable goal for improvement has been assigned. The matrix is divided into sections according to Outcomes and Systemic Factors. Goals are listed at the beginning of each section.
2. Strategies for Improvement/Action Steps – Within each section is listed the strategies that DCS has developed in order to improve practice, create reliable systems of measurement, and reach the goals that were set. Each strategy contains a description of the action steps needed to implement that strategy.
3. Benchmarks/Person(s) Responsible and Date Benchmark Achieved – Specifies the benchmark that shows the action step was completed and the date the benchmark was achieved.
4. Method of Measure – Indicates how each benchmark is measured.
5. Goals Impacted – Identifies the goal for the Outcome being addressed that DCS expects to be impacted by the strategy.

## **VI. The *Brian A.* Settlement Agreement and Integration with the CFSR**

In May 2000, a class action lawsuit (*Brian A., et. al., v. Donald Sundquist, et. al.*) was filed on behalf of all foster children who are, or will be, in the legal custody of DCS, excluding those who entered care due to an allegation or adjudication of delinquent behavior or commission of a criminal act. In response to the lawsuit, a settlement agreement was signed in July 2001, with a minimum implementation time frame of 54 months. The agreement stipulates standards for the structure of the department and how services are to be delivered, as well as outcome and performance measures that must be met for successful resolution of the lawsuit. Many of these standards and outcomes are similar to the desired outcomes identified by the CFSR, and DCS has integrated them with the goals and strategies of the PIP whenever possible. The goals that are based on outcome and performance measures outlined in the *Brian A.* settlement agreement are noted in the PIP matrix. Please note that while DCS provides services for children brought to the attention of the state due to delinquent acts, the *Brian A.* settlement agreement does not address the services provided to those children and measurements included in the PIP that are noted to be Brian A measures include only those children who were adjudicated dependent/neglect or unruly. The settlement agreement outlines three reporting periods with expected achievements for each 18-month period. The PIP uses the second period measures and the date of the end of that period as the date for achievement of those goals as the second period coincides best with the timeframe that PIP covers.

Systems for capturing and reporting the data for many of these measurements are currently being developed through the implementation of a case file review conducted by the Quality Assurance Division and the independent monitor for compliance with the settlement agreement. The review is based on a statistically significant sample of cases from each region, and is conducted every nine months beginning in July 2002. Data from the initial review are currently being analyzed and will be the baseline for many of the item goals listed in the PIP. The matrix will be updated to reflect the 2002 baseline when the analysis of the data is complete. Other

permanency data are collected through the state SACWIS system, TN KIDS, and are analyzed and reported through the Policy, Planning and Research Division of the department. Data concerning children served through the CPS division and the CSA are collected through reports developed and monitored by those programs. DCDC data elements will be added to TN KIDS beginning in January 2003.

The *Brian A.* settlement agreement stipulated that a statewide needs assessment be conducted by an independent expert and updated annually for two years. The purpose of the assessment is to determine the need for new and/or different placement and service resources by addressing unmet service needs in addition to the ability of the department to utilize existing services in an efficient and meaningful manner. The initial assessment was completed and the final report distributed in July 2002.

The 2002 Needs Assessment was conducted through both quantitative and qualitative components. The researchers used statistical information on all foster children as well as a comprehensive review of 50 cases statewide. Five to ten stakeholder interviews were conducted during the review of each case. Both the qualitative and quantitative reviews focused on how DCS interacts with children, families, and other partners, and on the results achieved with regard to the outcomes for children.

The settlement agreement also created a Technical Advisory Committee (TAC), comprised of five neutral experts in the field of child welfare, which assists the state in implementing in a meaningful way the requirements of the agreement. The committee has the ability to consult with and involve other experts as needed. It is the role of the TAC to advise DCS on the child welfare policy, management, and practice issues outlined in the settlement agreement.

## **VII. Quality Assurance and PIP Measurement**

In determining measures of improvement, the PIP uses data obtained from several sources. Whenever possible, data is used from the TN KIDS (SACWIS) system. The PIP also uses data gathered from two case file review processes - the monitor's case file review and CPORT. Each of these processes is described below. Please note that these reviews do not measure the same universe of children as the CFSR. The *Brian A.* case file review looks only at children in the *Brian A.* class as described in the previous section. The CPORT review includes children served by DCS no matter their adjudication or placement.

### DCS Quality Assurance

The Quality Review Division, in conjunction with the Court Monitor (*Brian A. v. Sundquist*) conducted its first case file review July 2002 to October 2002. 558 case files of children in foster care (adjudicated dependent or neglected, or unruly) were reviewed. This provided for a statistically significant statewide review; performance period as of 5/31/02. Random samples were produced from TN KIDS. The file review was conducted regionally. It did not include an interviewing component. The protocols were manually completed, and were keyed into a program for analysis (SPSS) by the Court Monitor's staff. The results of the review were published in a report released by the Court Monitor (Interim Monitor Report February '03). The Quality Review division released preliminary observations of the review.

The 2003 file review began in April. Again, the review will be completed in conjunction with the Court Monitor's office. A feedback and continuous quality improvement process will be implemented.



At the end of each regional review, specific measures identified on the attached case file review document will be summarized. This will be done by totaling and analyzing the results of the specific case file review questions that are specified. The same questions will be analyzed for the 2002 case file review. Each region will be provided a summary of the findings, and a summary of the observations of reviewers. This will be provided in a letter to the RA from the QA Director.

The Continuous Quality Improvement director will conduct “process” meetings with the RA and other key regional stakeholders and central office program support. These meetings will support the region in identifying the process and the barriers for achievement of the specific measures identified in the attached document. The region will develop strategies to address the barriers and accentuate strengths.

The third case file review will begin in January 2004.

### CPORT

Since 1994, the Tennessee Commission on Children and Youth (TCCY) has evaluated services to children in state custody and their families. The Children’s Program Outcome Review Team (CPORT) process is an intensive case review of a random sample of children in state custody. CPORT collects, analyzes, and reports essential information about the population of children in state custody and their families, and measures the effectiveness of the service delivery system in order to promote positive system change and guide policy makers toward decisions that enhance the well-being of children and families. The CPORT evaluation process is funded through DCS. Results from these reviews are reported annually.

The Tennessee Commission on Children and Youth (TCCY) is an independent agency created by the Tennessee State Legislature whose primary mission is to advocate for improvements in the quality of life for Tennessee children and families. TCCY staffs and coordinates nine regional councils that address the local needs of children and families, provide organizational structure for statewide networking on behalf of children and families, and provide local input to the commission. The policy-making body of TCCY is a 21-member commission whose members are appointed by the governor. At least one member is appointed from each of Tennessee’s nine development districts. Five youth advisory members meet the federally mandated composition required for a state advisory group.

CPORT reviews a random sample of children in state custody. The CPORT process includes a review of records and structured interviews with the following: child, if age appropriate; parents(s); caregiver (foster parent or direct-care staff in a facility); case manager (usually two in Tennessee, home county and residential case manager); teacher or other school representative; representative of the court ordering custody; any other relevant service provider (Guardian ad Litem, therapist, etc.); and any other significant/relevant person (relative, friend, coach, etc.). At the beginning of 2001, Tennessee had 11,000 children in custody. To evaluate the outcomes for a representative sample of children served by the state, the sample size was predetermined in order that the results of the case review process would be statistically significant at the 85 percent level of confidence with +/-15 percent accuracy for each regional sample. The number of cases reviewed statewide is designed to be statistically significant at the 95 percent level of confidence with +/-5 percent accuracy for the state sample. These estimates indicate that a sample size of 580 children for the regional distribution of results and 349 children for the statewide distribution of results would be sufficient in reflecting the target population.

Following collection of all information, the reviewer writes a brief narrative summary of the case and completes a "Summative: Assessment of Key Domains." The "Summative" has the reviewer answer questions that lead to conclusions regarding the status of the child and the adequacy of the service system functioning on a number of indicators. The indicators assessed for the "Status of the Child and Family" include safety, emotional well-being, physical well-being, caregiver functioning, stability, permanency goal, appropriateness of placement, educational progress, family unity support, independent living (for children 13 or older), child satisfaction, and family satisfaction. The indicators assessed for the "Status of Service System Performance" include assessment of needs, long-term view for service, child participation, family participation, service plan design, service plan implementation, service coordination, advocacy, early child and family intervention, home and community resources, placement resources, supportive intervention services to achieve permanency goal, urgency response, progress achieved-child, progress achieved-family. In addition to compiling individual case data, the CPORT process includes identifying the service system strengths and performance issues in the region.

#### 2001 Review Results:

93% Safety was provided for adequately

87% Emotional Well-being was provided for adequately

95% Physical Well-being was provided for adequately

91% Permanence

82% Independent Living services for age appropriate children were provided for adequately

65% Assessment of needs were adequate

90% Children (if age appropriate) participated in the development of the permanency plan

89% Families participated in the development of the permanency plan

58% Service Plan designs were adequate

79% Service Plans were adequately implemented

69% Services were coordinated

#### Questions used in review to determine response for categories reported:

Safety – Is the child living in this setting in imminent danger of harm? Is the child's physical living condition hazardous or apt to cause serious harm? Is the child living in this setting in danger of harm from him/herself? Is the child fearful of people living in or frequenting the home? Can the child's whereabouts be ascertained and/or is there reason to believe that the family is about to flee or refuse access to the child? Is child sexual abuse suspected and do circumstances suggest that the child's safety may be an immediate concern? Is the behavior of adult(s) in child's placement violent or out of control? Does the adult(s) in child's placement describe or act predominantly negatively toward child or have extremely unrealistic expectations? Has the caregiver caused, or made a plausible threat that has or would result in serious physical harm to the child? The adult(s) in child's placement has not/can not/will not provide sufficient supervision to protect the child from potentially serious harm? Adult(s) in child's placement has not or is unable to meet the child's immediate needs for food, clothing, shelter, and/or medical care? Adult(s) in child's placement has previously abused or maltreated a child, and the severity of the abuse or maltreatment, or the caregiver's prior response to the incident, suggests that child's safety may be an immediate concern? Drug or alcohol use of adult(s) in child's placement seriously affects his/her ability to supervise, protect, or care for the child? Is the community safe, given the setting in which the child is living? Are appropriate, sufficient services being provided to reduce/eliminate harm? Is the child safe from harm? With the current level of supervision, is the child likely to harm him/herself or others?

Emotional Well-being – Does the child's behavior(s) indicate emotional problems? Does the child have a Diagnostic and Statistical Manual (DSM) diagnosis? Does the child take medication for emotional or behavioral problems? Does the caregiver understand and respond appropriately to the child's emotional needs? Are necessary and adequate services being provided to meet emotional needs? Do the child's daily activities and relationships provide stimulation, emotional support, and fun? Is the child receiving treatment that is of the intensity and scope necessary to facilitate the child's participation in school, family, and social activities? Are the child's social/emotional needs being adequately and appropriately addressed?

Physical Well-being – Are the child's basic needs for food, shelter, and clothing being met? Are the child's primary health care needs being met? Are the child's chronic health care needs being met? Are necessary and adequate health care services being provided to keep the family intact or contribute to the permanent goal? Are the child's primary physical/medical needs being adequately and appropriately addressed?

Permanency Goal – Has a permanent goal been identified in the Permanency Plan? If "no", are necessary steps being taken to identify a permanent goal? By consensus? Is the child in a permanent placement? If "no," have the goals and timelines been established to achieve the permanent placement? Is the child in a permanent placement or are reasonable efforts being made to obtain a permanent placement?

Independent Living – Are independent living skills addressed in the Permanency Plan? Is the plan being implemented? If not addressed in the Permanency Plan, are independent living skills being otherwise provided? Is the child currently getting what he/she needs to grow up to be a working, functional adult? Are necessary, appropriate services and supports being provided to help the child achieve independent living?

Assessment of Needs – Scope and Functionality of Assessments: Are the child's strengths identified? Are the family's strengths identified? Are risks to the child identified? Are risks to the community identified? Do assessments reflect the input and perspective of the child, parent, legal guardian, relatives, as applicable? Are there gaps in information or problems that indicate the need for further assessment? Is the assessment information consistent with the reviewer's understanding of what the child's and family's needs are? Are all current, obvious, and substantial needs of the child and family identified and analyzed through existing assessments?

Child Participation – If age appropriate, was the child involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the child's schedule and transportation resources in planning staffings and visits? Has the child been involved in changes in treatment/placement? Does the child understand what he/she has to do to be returned home or achieve the permanent goal? Is the child actively involved in the planning and implementation of services as well as participating in decisions made about his/her future?

Family Participation – Was the family involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the family's schedule in planning staffings and visits? Did the system exhibit sensitivity to the family's transportation needs in planning staffings and visits? Were repeated and substantial efforts made to engage the family and solicit participation? Has the family been involved in changes in treatment/placement? Does the family understand what they have to do for the child to be returned home? Did the system make substantial efforts to keep the family actively involved in the planning and implementation of services, as well as participating in decisions made about the child's future, or were substantial efforts made to involve family?

Service Plan Design – Is there a written Permanency Plan? Does the Permanency Plan address reasons the child came into custody? Does the plan address all needs identified in the assessment for the child and family? Are there needs that must be addressed in order to achieve safety with independence from state supervision and does the plan address them adequately? Does the Permanency Plan adequately reflect current services and strategies? Is there a specific time or date that the Permanency Plan is to be updated? Are the proposed interventions and supports appropriate to the situation/person's capabilities? Is there evidence to indicate that service planning is limited by what is available rather than what is appropriate for the child and family? If the plan goals were met, would the child/family be able to function safely and be independent of state supervision? Do the plan's goals correspond with the long-term view for the child? If the plan's goals were met would the child be or continue to be living in a permanent placement? Are all needs identified through the assessment process being addressed for the child and family? Were additional needs of the child and family identified through this process that should be addressed for the child and family? Are their needs inadequately addressed due to lack of sensitivity in services, and are these needs cultural or a result of client characteristics? Has the plan been revised to reflect progress or lack of progress of the child or the family in meeting plan goals? Does the plan include specific objectives to obtain the permanent goal? Does the plan include specific services to be provided to enable the child to return home, or achieve the permanent goal? Is the plan individualized and are there specific timetables for the services to be provided? Does the plan address visitation with parents or other family members, identification of who is responsible for the provision of services, and child support? Is the Permanency Plan relevant to the issues and coherent in the selection and assembly of strategies, supports, services, and timelines established for the child and family?

Service Plan Implementation – Have the essential services and activities identified in the plan been provided in a timely manner for the child/family? Have the essential services and activities identified in the plan been provided consistently for the child/family? Have the essential services and activities identified in the plan been provided at the appropriate level of intensity for the child/family? Have the essential services and activities identified in the plan been provided by qualified providers for the child/family? Are the strategies and services that are being implemented meeting the needs of the child and family? Is there an appropriate match between the child and the service provider with respect to language, culture, and other relevant characteristics? Are appropriate services and supports specified in the plan being implemented in a timely and consistent manner by qualified providers for the child/family?

Service Coordination - Is there a single point of coordination and accountability for the service plan and those involved in its implementation? Is there integration of services and continuity of effort in the service delivery? Is there a mechanism for identifying emerging problems and developing an appropriate response and adjustments in the plan? Is there adequate communication so that all relevant persons involved know the current status of the case? Is there continuity and coordination in the provision of services to the child/family?

## **VIII. DCS Vision for Future Practice and Approach to Change**

Over the last three years, DCS has been challenged in numerous ways to closely evaluate the child welfare service delivery system and to make improvements that would better meet the needs of the children and families that the department serves. DCS has realized a need to emphasize a change in the culture of the agency, as well as in practice.

The vision the department established for improvements includes the demonstration through practice of the following:

1. All children have the right to be safe from abuse and neglect, and safety from harmful situations must be the highest priority for the department. In the process of achieving safety, children and their existing relationships must also be individually valued and respected.
2. Children need an environment that provides permanency in their living situation and a sense of belonging and connection to others in order to grow and develop in healthy ways. Maintaining and supporting connections to the people and community that the child and family define as significant is an important step in achieving this.
3. Families are most likely to participate and succeed when they are respected and actively included in planning and decision-making processes. DCS staff must be willing to partner with families to make critical decisions in children's lives while still maintaining the authority to ensure safety and permanency.

Tennessee efforts to improve safety concerns focus on three main areas:

1. In the past several months DCS has begun the implementation of the central intake system for receiving and screening new referrals of child abuse and neglect. Currently 5 of our 12 regions are "online" with central intake including the two largest metropolitan areas, Memphis and Nashville. With additional upgrades of the data system implementation will gradually be taken statewide with the full state online by 09/30/03. This implementation is critical to the efforts to improve the child protection system. The training program with central intake staff has already resulted in gathering thorough information from reporters. Complete referral information results in more accurate screening decisions and assignment of appropriate response times for referrals. Since there is a centralized point of contact with fewer persons actually taking the information (as compared to the previous statewide intake system with over 100 points of contact), the department has been able to focus on achieving inter-rater reliability and consistency in the way reports are processed. Ultimately the system will help to assure that each report of child maltreatment is carefully considered and thoroughly documented, attaching the appropriate sense of urgency in responding to the report. It will be a marked improvement over the "legacy" system that was often influenced by local caseloads or local, community relationships.
2. The PIP outlines a major initiative to focus on improving and supporting front-line supervisors, revising job performance plans and identifying areas where the agency can better support the supervisors. CPS supervisors will participate and benefit from this effort in addition to a specialized training project through the University of Kentucky. A major outcome of the training effort is to better prepare supervisors to support frontline CPS staff in an effort to improve the length of employment (length of service) for CPS case managers. Maintaining consistency and continuity in the CPS workforce will certainly affect the quality of responses to child maltreatment.
3. Finally, the implementation of the CPS Special Investigations team is a major effort that will influence the entire CPS workforce. While the Special Investigations team works only with third-party investigations, this will allow local CPS staff to focus more intently on issues of child abuse and neglect in family settings. By relieving the local case managers of the time consuming multi-victim cases where criminal prosecution may be more likely to occur, staff have more time to carefully address the issues in intra-family allegations and to participate more fully in efforts to partner with families in order to keep children safe.

Four main areas were identified through the CFSR as needing improvement:

- 1) The quality and continuity of assessments
- 2) The involvement of families in processes to support and plan for their children
- 3) The development of timely case plans that involve families and information learned from assessments, and that actively move a child toward his/her best permanency option
- 4) The provision of services that are family-focused and able to meet the unique needs of a particular family.

The department is addressing ways to improve outcomes for children through making needed improvement in culture and practice. In an effort to organize the fundamental structure of the organization and define the expectations for how DCS works with children and families, a manual is being created entitled Standards for Professional Practice. It is from the implementation of key elements in this manual, as well as the incorporation of two other main initiatives that DCS seeks to improve practice and therefore outcomes for children. This PIP describes those changes expected to occur in the next two years.

### **VIII. A. Standards of Professional Practice Manual**

The Standards of Professional Practice Manual (SPPM) is meant to be a guide to provide agency personnel and community stakeholders with a document that captures the organizational principles and values, the systemic structure and the expectations for practice necessary to successfully implement the mission of the department. The principles and standards included in this manual represent the department's ambitions for best practices in reaching positive outcomes for children and families and are meant to be the guiding influence for the development of policy, resources, training, employee evaluations and performance measures. Within the framework of these guiding principles, improvements in practice will be developed and implemented.

Work began on the SPPM in July 2002 and a working draft was completed in January 2003. Changes to the DCS system based on the tenets of the practice manual will be incorporated into the structure and daily practice of the organization over the next three to five years. The first of these changes is addressed through the Engaging Families initiative, which also addresses improvement of assessments and permanency plan writing, and Continuity of Services Initiatives described in this document.

DCS contracted with M & B Consulting to work toward the creation of the SPPM. The consultants conferred with senior management and the TAC while deciding on what methodology should be used. The consultants reviewed practice models from other states and utilized input from community stakeholder groups, DCS personnel, and private provider agencies while developing the Standards of Professional Practice Manual. This manual is meant to be a document that evolves with the department.

#### **VIII.A.1. Engaging Families Initiative**

DCS is introducing the Engaging Families initiative in an effort to improve the way staff relates to and interacts with children and families. This initiative emphasizes the philosophy that building a team of support centered around and including the family from the point of first contact with the agency enhances assessment and decision-making processes. Improving the capacity to thoroughly assess and appropriately plan with families increases the opportunity to ensure safety and begin work toward permanency.

Engaging Families uses child and family team meetings as the primary vehicle for engagement and decision-making. The initiative addresses changes in policy, training for staff, and utilizes technical assistance from the Child Welfare Policy and Practice Group (CWPPG), a national child welfare consulting organization, and the University of Tennessee. Engaging Families will be initiated in all twelve regions over the next two years and will include staff development on mastering core, culturally competent, interpersonal helping skills, building and maintaining child and family teams, and facilitating child and family team meetings. Each region will develop a plan for implementation that addresses its specific needs.

The plan for each region will include steps for:

1. Identification of “local experts” in the region who can serve as trainers and coaches for staff that conduct team meetings
2. Identification of the case managers and supervisors who are to be trained
3. Development of schedules and methods for training the local experts and for those experts to then train other staff
4. Development of on-going activities that help staff examine attitudes toward involving families as partners, reinforce training and support implementation of policy and best practice standards
5. Development of resources to support the “Engaging Families” concepts, e.g. locations for family meetings, services that support family participation, etc

DCS is also addressing relationships between staff and families by partnering with the Annie E. Casey Foundation to replicate the Family to Family Model in three areas of the state, Davidson County, Shelby County, and Sumner County. Family to Family is based on four major concepts: 1) involving families in critical decision through the team decision-making process, 2) partnering with the total community to protect children and maintain community relationships, 3) recruiting foster parents in the home communities of children, and 4) using data to evaluate progress and guide organizational decisions. This pilot project is considered by DCS to be a part of the Engaging Families Initiative. In the three Family to Family sites, these efforts will compliment the other steps of the Engaging Families Initiative.

DCS recognizes the need for improved assessment of child and family strengths and needs. The department views the assessment process as vital to understanding family dynamics, support systems, strengths and needs and that this understanding is essential to making case plans and decisions that support positive outcomes for children. This initiative is intertwined with the Engaging Families initiative in that it is critical to a thorough assessment to build a partnership with the child and family, including extended networks of support.

A workgroup has been created to review and modify the assessment protocol and work aides currently being used. The workgroup is comprised of DCS staff and local partners and technical assistance is being obtained through the TAC and the Children’s Research Center of the National Council on Crime and Delinquency and additional technical assistance may be sought from the National Resource Center on Child Maltreatment. This group is reviewing the assessment process used throughout the life of a case with a special focus on creating a process that will encourage case managers to view assessment as an ongoing process. Improvements to assessment will include providing case managers with support and learning opportunities that encourage the use of partnerships with families.

“Developing the Family Plan”, a three-day workshop on permanency planning, was created by DCS staff to help improve both the permanency plan writing process and product. As a

foundation to permanency planning, the curriculum reinforces social work values and the principles of practice, while providing a review of engaging families training, family systems theory, ecological perspective, strengths perspective, and the related laws & policies. Participants are given a practical education on each section of the permanency plan, with an emphasis on developing the action plan section (through instruction, modeling the development of a permanency plan during a child and family team meeting, individual practice writing a permanency plan that includes feedback, and learning centered on the case management process required to support the action plan).

As a result of the training, staff are expected to be better able to engage families in the permanency planning process, to target action plan steps that will be more likely to meet the underlying needs and risks of the family, and to effectively support and monitor progress. Each of these results would strengthen safety, permanency, and well-being outcomes. As follow-up to the “Developing the Family Plan” training, DCS will also provide staff with four advanced workshops, each focused on one of the four permanency goals.

#### VIII.A.2. Continuity of Services Initiative

The current case management system has inherent barriers to the development of meaningful, helping relationships. The existence of numerous units that deal with isolated work functions on any one case creates an environment of compartmentalization where no one takes ownership of the total casework effort. Each time a child’s case is transferred from one case manager to another, either due to worker turnover or the reassignment of the case to another service unit, there is a loss of momentum in achieving permanency for that child. The Continuity of Services Initiative is an effort to explore the connections between child protective services, assessment units, resource management units, permanency support units, foster care services, and adoption services in order to reduce gaps and build continuity in service. One focus of the initiative is the idea that building supportive relationships is critical to achieving positive outcomes, and DCS will focus on ways to enhance the relationships between DCS staff and family members, service providers, and the community. The department will assess the strengths and weaknesses of the systemic approaches to each service area, both on the central office and regional levels in order to build a more comprehensive approach to service provision. Close attention will be paid to the division of responsibilities across units in order to evaluate the flow of cases through the system. DCS wants to provide case managers with the opportunity to become more involved in the experiences of and invested in the outcomes for the children and families with whom they work.



The Continuity of Services Initiative will concentrate on and support several key points of services, including the following:

- 1) “Thoughtful” first placements that match the child’s need with the foster family’s capacity to meet those needs, minimizing the possibility of changing placements
- 2) Efforts to establish a connection between the foster families/caregivers and the birth family
- 3) Efforts to provide meaningful visitation for children with parents and siblings in order to develop and maintain family relationships
- 4) Efforts to minimize the impact of case transfers from one case manager to another through adequate preparation and joint meetings with the case managers and the child and family. Reduce the number of transfers from one unit/case manager to another and, when transfers are necessary, conducting them in a way that respects the family and their experiences. This would include transfers from the CPS case manager to the foster care case manager as well as one custodial case manager to another, and it would reduce the number of other staff persons who share responsibilities for case activities.
- 5) Explore the roles of the foster care case manager and that of the adoption case manager along with the current transfer patterns between these workers. Possibly move practice to maintain a case with a foster care case manager and utilizing the adoption worker as a consultant and support person to the adoption process.
- 6) Enhance the protocol for Child Protective Services to begin diligent searches for absent parents and to pursue relative placement options;
- 7) Enhancing the skills of staff and foster parents so that they can better assist children in processing the foster care experience;
- 8) Promoting a culture of respect between DCS staff members that includes improved communication from one level of the organization to another, support for staff with case management and supervision responsibilities, etc.

#### **VIII. B. Development and Support of Supervisors**

DCS recognizes that any changes that are to be implemented in the culture or practice of the agency must be supported through all levels of management and demonstrated for case managers by the front-line supervisors, and acknowledges the role of the agency in creating a working environment that facilitates the development of supervisors through identifying expectations and competencies, building skills, and providing on-going support. It is a goal of this initiative to create a relationship of mutual respect, empathy, genuineness, and trust between all staff. The department sees this as a critical step in creating this same relationship with families.

The department recognizes the significant role that front-line supervisors play in shaping the culture and practice of the agency. Supervisors are the key to guiding casework practice and assuring sound decision-making that is focused on families and creating realistic solutions that result in good outcomes. Supervisors must be able to train, support, and encourage the staff that they manage, as well as hold them accountable for their work. It is the responsibility of these supervisors to demonstrate for case managers the values and elements of casework practice that the agency espouses.

This initiative will begin by utilizing workgroups of supervisors to create a picture of their current job functions in the reality of the everyday operation of the agency, and identify job functions and skills that should be incorporated. The result of this process will be the development of job

plans for supervisors that are meaningful and realistic, reflect the values and principles of the department and are supported by higher levels of management.

Also, through this initiative the ability to carry out the job plans will be provided for as:

- Current training available for supervisors will be reviewed and skill sets identified by the workgroups as necessary to supervisors will be addressed
- On-going support will be explored through the development of supervisor support groups that meet quarterly for training activities, problem-solving, and team building
- Communication between supervisors and their supervisors will be encouraged and maintained
- Training on new policies and ways of practice will begin be delivered to supervisors first

In order to achieve true and lasting systemic change, staff must have the knowledge, skills, and resources to effectively carry out the mission of the agency. They must also experience a work environment that makes utilizing their knowledge and skills possible. The department is pursuing ways to improve the interaction between all levels of staff so that the frontline staff experiences this support.

The department has identified the following tasks as vital to changing the culture of the workplace:

1. The identification of core competencies expected for each level of case management, team leader, team coordinator, training and administrative staff
2. The implementation of staff education, both classroom and on-the-job, that upholds these competencies
3. Definition of staff roles and responsibilities in central office and regional administration

### **VIII. C. Permanency Support Units**

Permanency Support Units (PSU), which were launched in February 2002, are regional teams comprised of staff members who have received specialized training in achieving safety and permanency for children. The mission of the PSUs is to support and assist case managers in achieving permanency for each child in a timely manner, while reinforcing best practice standards. These staff members do not carry caseloads of their own, and are available to case managers for consultation, training, and assistance. The PSUs review cases that involve children who have been identified as experiencing a delay in permanency, and those who are at risk of permanency delays. They provide concrete assistance, and depending on the skill-level and experience of the staff already working with that child, the PSU staff may also serve as a coach in the facilitation of child and family team meetings. Other services provided by the Permanency Support Units include: developing and maintaining System of Support (SOS), an intranet-based manual of community resources for each region; providing formal in-service training on permanency-related topics; serving as the “gatekeepers” for the permanency goal of Planned Permanent Living Arrangement; serving as the clearinghouse for Long Term Placement Agreements; serving as liaisons to the Department of Mental Health and Developmental Disabilities for youth transitioning to adult services; and tracking information learned through the case reviews that indicate training needs and resource gaps related to permanency. The PSUs will also play a critical role in implementing the Engaging Families initiative.

## X. Appendix

### DCS Staff:

<b>Last Name</b>	<b>First Name</b>	<b>Position</b>
Brothers	Susan	Training Division
Burton	Leonard	Asst. Comm., Child Welfare Programs & Field Operations
Chittick	Jane	Dir. Adoption Services
Faehl	Lisa	Dir. Resource Development
Franklyn	Mary Beth	Dir. Quality Assurance
McSurdy	Michael	Dir. Foster Care Services
Meador	Mary	Dir. Education Services
Montebello	Paul	Dir. Policy, Planning & Research
Patterson	Nancy	Dir. Training and Development
Pruett	Anne	Program Manager, Policy, Planning and Research
Seay	Rae Anne	Dir. Permanency Support
Steppe	Susan	Dir. Child Welfare Programs and Field Operations
Steverson	Ken	Asst. Comm, Resource Management & Information Tech.
Stetzel	Jay	Educational Specialist

### Safety Workgroup

<b>Name</b>		<b>Agency</b>
<b>First</b>	<b>Last</b>	
Sherry	Abernathy	DCS, Dir. of Child Protective Services
Bridgette	Alderson	CSA, FSS Case Manager, Southwest region
Beverly	Bass	CSA, Executive Director, Mid-Cumberland
Betty	Beal	DCS, Knox County
Elleni	Bean	CSA, Executive Director, Hamilton County
Bonnie	Beneke	LCSW, Private Practice, Nashville Child Advocacy Center
Elizabeth	Black	DCS, Coordinator of Relative Caregiver Program
Susan	Brothers	DCS, Training Division
Courtney	Carney	CSA, FSS Case Manager, Southwest
Peggy	Carter	DCS, Program Coordinator for Policy, Planning, and Research
Patricia	Chatman	CSA, Davidson County
Jane	Chittick	DCS, Dir. of Adoption Services
Lisa	Faehl	DCS, Dir. of Resource Development
Mary Beth	Franklyn	DCS, Dir. of Quality Assurance
Greg	Freeman	DCS
Jennifer	Hamilton	DCS, FSS Program Coordinator
Mike	Harkleroad	CSA, Executive Director, East Tennessee Region
Marcus	Hill	CSA, Executive Director, Knox Region
Krisann	Hodges	DCS, Attorney
Sandi	Holder	DCS, Regional Administrator, Southwest Region
Linda	Hottell	DCS, Knox County
Gloria	Jackson-Brown	DCS, Program Coordinator, Shelby County
Susan	Kovac	DCS Legal - Knoxville
Bobby	Leverett	DCS, Regional Administrator, Knox Region

Christy	Little	Judge
Sherry	Litton	FSS, Northeast Region
Tamara	Love	DCS CPS Team Leader, Memphis
Lou	Martinez	DCS, Program Coordinator for Child Protective Services
Linda	O'Neal	Executive Dir., Tennessee Commission on Children & Youth
Kitty	Oliver	DCS, Regional Administrator, Northwest Region
Anne	Pruett	DCS, Program Manager for Policy, Planning & Research
Cheri	Richards	CSA, Dir. of Non-custodial Services, Upper Cumberland
Jenise	Robles	DCS, Program Coordinator for Child Protective Services
Sue	Ross, RN	Health Spec. Pediatric Nurse Practitioner, Our Kids Clinic
Susan	Steppe	DCS, Dir. of Child Welfare Programs
Ken	Steverson	DCS, Asst. Commissioner, Resources & Information
Amelia	Wallace	DCS, Team Coordinator, Clarksville
Carol	Whaley	CSA, Team Leader, Northeast
Juanita	White	DCS, Regional Administrator, Shelby Region
Richard	Wiley	Child Help – Child Advocacy Center in Knoxville
Wilhelmina	Williams	CSA, Executive Director, Northeast

#### Permanency Workgroup

Name		Agency
First	Last	
Sherry	Abernathy	DCS, Dir. of Child Protective Services
Elizabeth	Black	DCS, Relative Caregiver Program Coordinator
Susan	Brooks	Dir. Vanderbilt Legal Services
Susan	Brothers	DCS, Training Division
Peggy	Carter	DCS, Program Coordinator
Shalonda	Cawthorn	Relative Care Giver, Nashville
Jane	Chittick	DCS, Dir. of Adoption Services
Judy	Cole	DCS, Regional Administrator, Northeast
Karen	Coleman	DCS, Program Manager, Compliance Division
Susan	Davidson	DCS, Regional Program Coordinator, Northwest
Jan	Dick	Director, Center for Adoption
Michael	Evans	Former Foster Child
Lisa	Faehl	DCS, Dir. Resource Development
Johonna	Garrett	DCS, Case manager, Davidson
Carolyn	Gibson	UT Boling Center
Barbara	Grunow	Dir. Youth Villages, Nashville
Kathy	Hartman	DCS
Betty	Hastings	Dir. TN Foster Care Association, DCS Foster Parent
Krisann	Hodges	DCS, Attorney
Jackie	Jolley	DCS, Regional Administrator, Hamilton
Beth	Kasch	DCS, Regional Administrator, Mid-Cumberland
Leslie	Kinhead	Administrative Office of the Courts
Mildred	Lawhorn	DCS, Regional Administrator, Southwest
Scott	Lee	DCS, Master Path Leader/Team Leader, Mid Cumberland
Lou	Martinez	DCS, CPS Program Coordinator, Child Protective Services
Laura	Mathews	DCS, Adoption/Foster Care, Team Leader, Northeast

Michael	McSurdy	DCS, Dir. of Foster Care Services
Tina	Mosely	DCS, Case Manager, Permanency Support Unit, Knox
Linda	O'Neal	Exec. Dir., Tennessee Commission on Children and Youth
Patty	Odom	DCS, DCS Team Coordinator, Davidson
Cindy	Perry	Exec. Dir., Legislative Select Committee on Children and Youth
Anne	Pruett	DCS, Program Manager
Kathy	Rogers	Center for Adoption and CFSR team member
Rae Anne	Seay	DCS, Dir. of Permanency Support
Maevis	Snyder	Dir. Youth Villages – Families Program
Susan	Steppe	DCS, Dir. Child Welfare Programs
Ken	Steverson	DCS, Asst. Commissioner Resource and Information Management
Cheryl	Talley Reid	DCS, Master Path Leader, Team Leader, Hamilton County
Carla	Tucker	DCS

### Well-Being Workgroup

Name		Agency
First	Last	
Sherry	Abernathy	DCS, Dir. Child Protective Services
Susan	Adams	CSA, Shelby
Ann	Barker	DCS, Legal Education
Jeanette	Birge	DCS, Regional Administrator, Davidson
Barry	Boggs, Ph.D.	DCS, Health Unit
Susan	Brothers	DCS, Training Division
Leonard	Burton	DCS, Asst. Commissioner Child Welfare Programs & Field Operations
Peggy	Carter	DCS, Program Coordinator, Policy, Planning and Research
Jeane	Chapman	Dir. Health & Social Support, MCS
Jane	Chittick	DCS, Dir. of Adoptions
Lisa	Faehl	DCS, Dir. of Resource Development
Kenny	Graves	CSA, Executive Director, South Central
Shandrian	Guinn	CSA, Shelby
Kathy	Hartman	DCS
Marilyn	Hayes	DCS, Asst. Commissioner, Middle Tennessee Grand Region
Tricia	Henwood, Ph.D.	DCS, Dir. Medical & Behavioral Health
Krisann	Hodges	DCS, Attorney
Margaret	Knight	CSA, Southwest
Jackie	Lee	DCS, Dir. Of Probation & Aftercare
Vivian	Lovvorn	DCS, Regional Administrator, South Central
Paul	Lynch	CSA, Southeast
Dorcell	Martinez	Foster Parent
Tom	McWherter	CSA, Executive Director, Northwest
Mary	Meador	DCS, Dir. of Education
Linda	O'Neal	Exec. Dir., Tennessee Commission on Children and Youth
Don	Patterson	CSA, Executive Director, Southwest
Cindy	Perry	Committee on Children and Youth
Fran	Priest	Executive Director, TACC
Anne	Pruett	DCS, Program Manager, Policy, Planning and Research
Cheri	Richards	CSA, Dir. of Non-custodial Services, Upper Cumberland

Name		Agency
First	Last	
Ben	Sparkman	DCS, Regional Administrator, Upper Cumberland
Sue	Standifer	CSA - Upper Cumberland
Susan	Steppe	DCS, Dir. Child Welfare Programs
Ken	Steverson	DCS, Asst. Commissioner Resource Management & Information Tech.
Laura	Stewart	DCS, Dir. Health Care Advocacy
Pam	Swafford	CSA, Knox
Henry	Thomas	CSA, FSS Supervisor, Northwest
Patty	VanEys	Children's Health Initiative
Pat	Wade	TN Commission on Children and Youth
Ellyn	Wilbur	Advocare
Kelli	Williams	DCS, Education Specialist
Jerry	Wilson	DCS, Regional Administrator, East
Coretta	Young	CSA, Mid-Cumberland

#### Practice Model Workgroups

Name		Agency
First	Last	
Susan	Adams	CSA, Executive Director, Knox
Virginia	Akers	DCS, CPS Case Manager
LaKesha	Baldwin	CSA, Case Manager
James	Ball	Community Partner
Leslie	Barrett Kinkead	Attorney, Administrative Office of the Courts
Jacklyn	Boshers	Child/Youth FC
Kathryn	Bowers	Legislator
Susan	Brooks	Child Attorney
Julie	Bulger	Adoptive Parent
Sydney	Bynum	Child/Youth FC
Shalonda	Cawthon	Relative Caregiver
William	Clabough	Legislator
Judy	Cole	DCS, Regional Administrator, Northeast
Toya	Coppage	Relative Caregiver
Audrey	Corder	CSA, Executive Director, Davidson
Frankie	Cowin	Community Partner
Susan	Craig	Community Advocate TN Voices for Children
Dan	Crowe	Community Partner CASA
Ward	Crutchfield	Legislator
Joan	Davis	DCS, Program Coordinator, Child Protective Services, Knox
Wayne	Dawson, Jr	DCS ADP Case Manager
Kristi	Dotson	Foster Parent
Carmelita	Dotson-Molette	Private Provider Case Manager
Edna	Eickman	Private Provider
Scarlett	Ellis	DA Attorney
Max	Fagan	Juvenile Judge
Lynn	Farrar	Community Partner CASA
Katy	Finney	DCS, Case Manager, Permanency Support Unit, Davidson

Name		Agency
First	Last	
Bertha	Foster	Parent
Jason	Fox	Child/Youth JJ
Carolyn	Gibson	Health Specialist Dev. Disabilities
Jarvis	Green	Child/Youth
Barry	Hale	Private Provider Adm/Sup
Buff	Handley	GAL
Thelma	Harper	Legislator
Diane	Harris	DCS, Case Manager, Juvenile Justice
Gail	Harris	Parent
Mark	Harris	Private Provider Sup
Patricia	Hartman	DCS, Case Manager, Permanency Support Unit
Betty	Hastings	Foster Parent, President of Tennessee Foster & Adoptive Care Ass.
Mary Jo	Heimbigner	Health Specialist State
Jennifer	Hodge	DCS, Case Manager, Adoptions
Tina	Huff	DCS, Adm/Sup
Holly	Jackle	Adoptive Parent
Beth	Kasch	DCS, Regional Administrator, Mid Cumberland
David	Kozlowski	Parent Attorney
Pat	Lawler	Private Provider
Vickie	Lawson	DCS, Central Intake Supervisor
Randal	Lea	Private Provider
Laura	Levy	DCS, Supervising Attorney, East
Christy	Little	Judge
Betty	Locke	Community Partner Schools
Brittany	Looney	Child/Youth FC/JJ
Laura	Matthews	DCS, Case Manager, Adoptions
Kim	McMillan	Legislator
Kim	Moore	DCS, Case Manager, Centralized Intake
Linda	O'Neal	Executive Director, Tennessee Commission on Children and Youth
Kerry	Patterson	CSA, Case Manager
Scott	Pierce	F&A Budget
Judy	Regan	Department of Mental Heath and Developmental Disabilities
Karen	Rhea	Health Specialist Mental/Behavioral
Rob	Robinson	Child Attorney Juvenile Justice
Sue	Ross	Health Specialist Pediatric Nurse Practitioner, Our Kids Clinic
Leah	Roth	Private Provider Supervisor
Tracy	Sampson	Community Partner
Jesslyn	Saunders	Parent
John	Shoaf, III	Parent Attorney
Susan	Sparks	Relative Caregiver
Sue	Standifer	CSA, Executive Director, Upper Cumberland
Mitchell	Strickland	Child/Youth FC
Jennifer	Szymanski	Private Provider Case Manager
Servella	Terry	DCS, Program Coordinator, Family to Family
Charlotte	Thomason	CASA
Mark	Tribble	DCS, Attorney

Name		Agency
First	Last	
Carrie	Van Ness	DCS, Case Manager, Permanency Support Unit, Mid Cumberland
Manila	Vichitvongsa	Child/Youth JJ
Juanita	White	DCS, Regional Administrator, Shelby
Jim	Wilkens	DCS, Case Manager, Juvenile Justice
Nancy	Willis	DCS, Case Manager, Foster Care
Denise	Wilson	DCS, Team Leader, Permanency Support Unit, Knox
Rae Ann	Wolfenden	DCS, Case Manager, Foster Care
Nancy	Woodall	Foster Parent
Rebecca	Young	Foster Parent



# Tennessee Department of Children's Services



## 2002 Child and Family Services Review

### Program Improvement Plan Matrix

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Outcome and Item	Goal	Data Source	Baseline			
S1	Children are, first and foremost, protected from abuse and neglect	2002 CFSR	84.6%			
Item 1	1. By June 30, 2005, at least 96% of Priority 1 reports of maltreatment investigated will be initiated within state policy timeframes	Administrative Report from CPS	93.7% as of 10/27/02			
	2. By June 30, 2005, at least 93% of Priority 2 reports of maltreatment investigated will be initiated within state policy timeframes	Administrative Report from CPS	91.7% as of 10/27/02			
	3. By June 30, 2005, at least 90% of Priority 3 reports of maltreatment investigated will be initiated within state policy timeframes by November 2003.	Administrative Report from CPS	86.6% as of 10/27/02			
	4. By September 1, 2004, of all children who were served in foster care during the reporting period, decrease the percentage who were found to be victims of maltreatment by a foster parent or facility staff member to 0.57%.	DCDC data (Data will be reported by CPS until new database is in operation)	0.6% CWO			
Strategy for Improvement/Action Steps		Benchmarks/Method of Measure Responsible Person(s)		Date Benchmark Achieved		Item Goal Impacted
				Projected:	Actual:	
Implement the Central Intake Unit statewide allowing for the consistent assignment of appropriate priority levels to reports of abuse/neglect. Implementation will occur through the following steps:		a. Pilot the Central Intake Unit with 3 regions Dir. of CPS		a. 09/03/02	a. 09/03/02	1.1 1.2 1.3
		b. Central Intake database is completed Dir. of Information Resources		b. 3/24/03	b. 03/24/03	
		c. Evaluate the pilot project and train Central Intake staff based on needs identified in evaluation. Percentage of cases found to have an appropriate priority level assigned is increased from a baseline of 82% to 93% of cases/ CPS quality assurance review Dir. of CPS		c. 05/31/03	c.	
		d. Revise policy concerning prioritization of reports Dir. of CPS		d. 07/31/04	d.	
		e. Central Intake Unit is implement statewide Dir. of CPS		e. 07/31/04	e.	
Review and revise all policies related to response times (including policy that defines what constitutes an initiation of response), and train staff on revisions in order to clearly define expectations for responding to reports of child abuse/neglect		a. Policies are revised Dir. of CPS		a. 07/31/04	a.	1.1 1.2 1.3
		b. Training is implemented on policy revisions Dir. of CPS		b. 07/31/04	b.	
Implement the Special Investigations team (a team that will operate statewide to investigate cases in which the alleged perpetrator is a substitute caretaker or third-party person) as a means to build expertise and specialization for CPS staff and contribute to improved response times to reports		a. Staff for Special Investigations team is hired and trained, and team is implemented statewide Dir. of CPS and Team Coordinator of Special Investigations team		a. 07/07/03	a.	1.1 1.2 1.3
		b. Evaluate team response times/Response times will be evaluated manually until DCDC database completed Dir. of CPS		b. 09/01/03	b.	

Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
Develop a plan for distribution of, and possible need for increase in, CPS personnel resources by convening regional and state-level workgroups to review data on current caseloads and staffing patterns in context of the complexities of job responsibilities. Technical assistance will sought from one of the National Resource Centers (to be determined).	<p>a. Workgroups are created and convened Dir. of CPS</p> <p>b. Recommendations are made for manageable caseloads Dir. of CPS</p> <p>c. Plan is developed to address redistribution of current personnel positions Dir. of CPS</p> <p>d. Recommendations are made for additional positions to equalize workloads across the state Dir. of CPS</p>	<p>a. 10/31/03</p> <p>b. 02/28/04</p> <p>c. 03/31/04</p> <p>d. 06/01/04</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	<p>1.1</p> <p>1.2</p> <p>1.3</p>
Implement CPS Supervisor Development Grant in order to provide supervisors with the skills, knowledge, and tools through improved training opportunities that will enhance their capacity to support front-line case managers to ensure the safety of children through timely response to reports, better assessment of families, and service identification	<p>a. Training model is developed and implemented Dir. of CPS, Dir. of Training and Development</p> <p>b. Job Performance Plans are revised for supervisors to reflect identified expectations and competencies Dir. of CPS, Dir. of Training and Development</p>	<p>a. 03/30/03</p> <p>b. 10/31/03</p>	<p>a.</p> <p>b.</p>	<p>1.1</p> <p>1.2</p> <p>1.3</p>
Enhance the functioning of the multidisciplinary Child Protective Investigative Teams (CPIT) to improve safety for children, assure services are provided, and ensure that perpetrators are held accountable for their actions. These teams include staff from DCS, law enforcement, District Attorney offices, Child Advocacy Centers, and Juvenile Courts.	<p>a. Recommendations are received from Children's Justice Taskforce committee for program and legislative changes to improved CPIT team functionality Dir. of CPS</p> <p>b. Action is initiated for legislative changes Dir. of CPS</p> <p>c. Team of CPIT experts is developed, trained, and made available to provide peer consultation, support and training for CPIT team members across the state Dir. of CPS</p>	<p>a. 07/31/03</p> <p>b. 10/31/04</p> <p>c. 07/31/05</p>	<p>a.</p> <p>b.</p> <p>c.</p>	<p>1.1</p> <p>1.2</p> <p>1.3</p>
Develop plan to host a Multi-disciplinary Child Abuse/Neglect Conference to provide an opportunity to educate the Child Protection community and build relationships	<p>Plan is created and submitted for approval process Dir. of CPS</p>	7/31/04		<p>1.1</p> <p>1.2</p> <p>1.3</p>
Utilize and expand the functioning of Child Advocacy Centers (CAC) and CPIT teams to improve the investigation/assessment of reports of child abuse/neglect and enhance the ability of DCS staff to take necessary actions to protect the child. The Resource Planning and Utilization committee will explore ways to support CAC's through state and federal funds to supplement start-up and continuing operations costs and to expand the number of forensic interviewers in these centers. A workgroup will be convened to develop a plan for co-location of CPS staff in the CAC setting to promote a more effective CPIT team response to cases	<p>Recommendations for ways to support CAC's are developed by the Resource Planning and Utilization Committee and submitted to the Director of CPS Director of Resource Development</p>	10/31/03		<p>1.1</p> <p>1.2</p> <p>1.3</p>

Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
Obtain more accurate and reliable child-level maltreatment data through DCDC data elements that includes information about the alleged perpetrator. (Note: 2000 data based on estimates projected from the legacy system and manual counts. DCS will establish a new baseline from the 2003 NCANDS data.)	a. Supplemental database to capture DCDC data elements is developed Dir. of Information Resources, Dir. of CPS	a. 01/01/03	a.	1.4
	b. Database is implemented Dir. of Information Resources, Dir. of CPS, Dir. of Training	b. 01/31/03	b.	
	c. Reports are produced in order clean inaccurate data Dir. of Information Resources, Dir. of Data Quality	c. 12/31/03	c.	
	d. Regular reports for CPS staff to evaluate practice are produced Dir. of Information Resources, Dir. of PPR (Data Analysis Unit)	d. 01/31/04	d.	
	e. DCS submits DCDC Annual Reports to the federal government for NCANDS Dirs. of CPS, IR, and PPR	e. 02/28/04	e.	
	f. DCDC data elements are incorporated into TN KIDS Dir. of IR	f. 07/01/04	f.	

Outcome and Item	Goal		Data Source	Baseline
S2	Children are safely maintained in their homes whenever possible and appropriate.		2002 CFSR	68.40%
Item 3	By May 31, 2005, 83% of families received services to remain intact or to reunify.		CPORT	80% 2001
Item 4	By May 31, 2005, 87% of child are safe in their current living situation.		CPORT	84% 2001
Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
Implement the Engaging Families Initiative as it relates to improved assessments to address the frequency and quality of the initial and on-going assessment of children and families	See matrix pp. 19-20 for detailed steps and benchmarks	pp. 19-20		2.3 2.4
Implement the Continuity of Services Initiative in or to establish the protocol for continuity of service between DCS and the Community Service Agencies	See matrix p. 21 for detailed steps and benchmarks	pp. 21		2.3 2.4
Increase the availability of services to children in state custody and their families by the use of the Brian A. needs assessment process and resulting allocation of funds. Services are intended to be individualized and specific to identified needs.  The Brian A. settlement agreement provides for two statewide needs assessments. The purpose of these assessments is to determine the need for new/different placement and service resources by assessing unmet service needs as well as the effectiveness of the department's use of existing services. Needs Assessment I was completed in July 2002, and funds were allocated to each region for development and/or enhancement of services based on the results.  Needs Assessment II will focus on regional needs for foster & adoptive homes, regional needs related to Relative Caregiver/Kinship Care programs, Independent Living/transition to adulthood, analysis of waivers for placements outside of a 75-mile radius of the child's home of origin, analysis of waiting lists for services, and analysis of children who are placed by means of special, individual contracts.	a. Allocation plans developed and implementation begun Dir. Of Child Welfare Programs, Asst. Commissioner of Finance and Administration Regional Administrators	a. 11/12/02	a. 11/12/02	5 7
	b. Initial assessment of the effectiveness of the use of Needs Assessment I funds completed, and Dir. of Compliance	b. 7/08/03	b.	8.1 & 2 9.1,2 & 3 10
	c. Allocation plans for funds available in state fiscal year 2004	c. 07/31/03	c.	
	d. Process for determining scope and function of Needs Assessment II completed and independent contractors chosen	d. 07/31/03	d.	
	e. Needs Assessment II completed and report submitted to DCS	e. 01/31/04	e.	

Outcome and Item	Goal	Data Source	Baseline			
P1	Children have permanency and stability in their living situations	2002 CFSR	31%			
Item 5	By October 1, 2004, of all children who entered care during the year, no more than 8.6% will have re-entered within 12 months of a prior foster care episode	State Data Profile/AFCARS	11% CWO (2001)			
Item 6	By October 1, 2004, of the children in foster care for less than 12 months from latest removal, 63% will have had no more than 2 placement settings	State Data Profile/AFCARS	61% CWO (2001)			
Item 7	By September 1, 2004, 70% of the children in state custody shall have been in state custody for less than two years (Brian A. performance measure)	TN KIDS/ AFCARS file	67.9% 4/1/02 - 9/30/02			
Item 8	1. By October 1, 2004, at least 63.72% of all children who are reunited with their parents or caretakers at the time of discharge from foster care, are reunified in less than 12 months from the time of latest removal home	State Data Profile/AFCARS	62.5% CWO (2001)			
	2. By September 1, 2004, DCS will maintain a rate of 98% or higher of children entering care after September 1, 2001, who are reunited with their parents or caretakers at the time of discharge from custody, who are reunified within 12 months of the latest removal date	TN KIDS	99%			
Item 9	1. By October 1, 2004, at least 14.5% of all children who exit care to finalized adoption, will exit care in less than 24 months from time of latest removal from home	TN KIDS	13.8% CWO (2001)			
	2. By September 1, 2004, at least 80% of adoptions that become final within the reporting period shall have become final within six months of the adoptive placement. (Brian A. performance measure) Baseline measure reflects data reported for the 1st Brian A. reporting period ending 2/28/03.	REACT database	77%			
	3. By September 1, 2004, at least 60% of children freed for adoption during the reporting period (for whom termination of parental rights was obtained) shall have an adoptive home placement identified and an adoption home contract signed within 12 months of the termination of parental rights (Brian A. performance measure)	REACT database	57%			
Item 10	By June 30, 2005, DCS will maintain a rate of 6% or fewer of the children in the custody of the state with a sole goal of permanent or long-term foster care who are in non-relative placements	Administrative Report from PSU	5.02% as of 3/14/03			
Strategy for Improvement/Action Steps		Benchmarks/Method of Measure Responsible Person(s)		Date Benchmark Achieved		Item Goal Impacted
				Projected:	Actual:	
Develop and implement regional recruitment plans that coordinate the efforts of DCS and provider agencies to maintain and support a pool of foster and adoptive parents that allows for better matching of children to families		a. Regions present recruitment plans to central office Dirs. of Foster Care and Adoptions		a. 01/31/03	a.	6
		b. Regions implement plans Dir. of Foster Care		b. 02/01/04	b.	
Utilize Permanency Support Units to review cases, facilitate staffings, and provide support services such as modeling and training to aid staff in moving families toward permanency		See matrix p. 23 for detailed steps and benchmarks		p. 23		5, 6, 7 8.1 & 2 9.1 , 2, & 3 10
Develop the Continuity of Services initiative with continuity of service delivery from non-custodial though custodial services (to include legal-risk) to discharge to permanence		See matrix p. 21 for detailed steps and benchmarks		p. 21		5, 6, 7 8.1 & 2 9.1 , 2, & 3 10
Develop Engaging Families initiative to utilize full family involvement in permanency planning and discharge planning to move more quickly to permanency and to ensure preservation of relationships *Initiative includes focus on improving assessments, permanency plan writing, and Family to Family implementation		See matrix pp 19-20 for detailed steps and benchmarks		pp. 19-20		5, 6, 7 8.1 & 2 9.1 , 2, & 3 10

Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
<p>Increase the availability of services to children in state custody and their families by the use of the Brian A. needs assessment process and resulting allocation of funds. Services are intended to be individualized and specific to identified needs.</p> <p>The Brian A. settlement agreement provides for two statewide needs assessments. The purpose of these assessments is to determine the need for new/different placement and service resources by assessing unmet service needs as well as the effectiveness of the department's use of existing services. Needs Assessment I was completed in July 2002, and funds were allocated to each region for development and/or enhancement of services based on the results.</p> <p>Needs Assessment II will focus on regional needs for foster &amp; adoptive homes, regional needs related to Relative Caregiver/Kinship Care programs, Independent Living/transition to adulthood, analysis of waivers for placements outside of a 75-mile radius of the child's home of origin, analysis of waiting lists for services, and analysis of children who are placed by means of special, individual contracts.</p>	<p>a. Allocation plans developed and implementation begun Dir. Of Child Welfare Programs, Asst. Commissioner of Finance and Administration Regional Administrators</p> <p>b. Initial assessment of the effectiveness of the use of Needs Assessment I funds completed, and Dir. of Compliance</p> <p>c. Allocation plans for funds available in state fiscal year 2004</p> <p>d. Process for determining scope and function of Needs Assessment II completed and independent contractors chosen</p> <p>e. Needs Assessment II completed and report submitted to DCS</p>	<p>a. 11/12/02</p> <p>b. 7/08/03</p> <p>c. 07/31/03</p> <p>d. 07/31/03</p> <p>e. 01/31/04</p>	<p>a. 11/12/02</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>	<p>5 7 8.1 &amp; 2 9.1,2 &amp; 3 10</p>
Monitor re-entry rates quarterly	<p>a. Initial reports are produced Dir. of PPR</p> <p>b. Disseminate information to central office and regional staff for analysis and problem-solving Asst. Comms. of Child Welfare Services and Field Operations &amp; Resource and Information Management</p>	<p>a. 5/30/03</p> <p>b. 5/30/03</p>	<p>a.</p> <p>b.</p>	5
Monitor quarterly the number of placements children experience through the development of an approach for data analysis and the production of reports that will used by central office and regional staff as an on-going tool to support reduction in the number of placement changes children in custody experience	<p>a. Initial reports are produced Dirs. of PPR and Information Resources</p> <p>b. Disseminate information to central office and regional staff for analysis and problem-solving Asst. Comms. of Resource and Information Management &amp; Child Welfare Programs and Field Operations</p>	<p>a.03/31/03</p> <p>b. 05/31/03</p>	<p>a.</p> <p>b. .</p>	6
Monitor quarterly the reunification rates for children through the development of an approach for data analysis and the production of reports that will used by central office and regional staff as an on-going tool to support increased reunification	<p>a. Initial reports are produced Dirs. of PPR and Information Resources</p> <p>b. Disseminate information to central office and regional staff for analysis and problem-solving Asst. Comms. of Resource and Information Management &amp; Child Welfare Programs and Field Operations</p>	<p>a. 03/31/03</p> <p>b. 05/31/03</p>	<p>a.</p> <p>b.</p>	<p>7 8.1 &amp; 2</p>



Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
Utilize the Tennessee Foster & Adoptive Care Association (TFACA) and the TFACA Foster Parent Advocate Program to increase communication and improve the relationship between DCS and foster parents	<p>a. Central office staff are assigned to work with TFACA Advocacy programs Dir. of Foster Care</p> <p>b. Develop a plan for regional meetings that include central office staff, regional Administrators, and local Foster Parent Advocates to enhance communication is developed Dir. of Foster Care</p> <p>c. Regional staff are assigned to attend local TFACA meetings Regional Administrators</p> <p>d. Initial letter from central office is included in TFACA quarterly newsletter Dir. of Foster Care</p>	<p>a. 08/01/03</p> <p>b.08/15/03</p> <p>c. 08/31/03</p> <p>d. 03/31/03</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>	6
Develop and implement a statewide post-adoption service program to support adoptive families after finalization of their adoptions. A coordinated network of post legal adoption services will be established across the state that includes the development of adoption advocates to respond to, refer and assist families in accessing needed services within their community and navigating health care and educational systems for appropriate services for children and families. In preparing for a broader community of partners to respond to the needs of adoptive families, DCS has developed and implemented on-going training to assist community mental health providers, private not-for-profit, public and local government agencies to create a coordinated continuum of adoption competent services within local communities. Services will include competent mental health therapists, intensive in home case management services, supportive connections with other adoptive families, respite services, and access to information about adoption and resources for the life-long process of adoption.	Implementation process for post-adoption services program is begun Dir. of Adoptions and Dir. of Child Welfare Programs	7/31/04		<p>5</p> <p>9.1 &amp; 2</p> <p>10</p>

Outcome and Item	Goal	Data Source	Baseline			
P2	The continuity of family relationships and connections is preserved for children	2002 CFSR	37.9%			
Item 12	By September 1, 2004, at least 50% of all siblings who entered placement during the reporting period shall be placed together in the same foster home or other placement (Brian A. performance measure)	Case File Review	46%			
Item 13	1. By September 1, 2004, (1) 30% of all children with the goal of reunification shall have a visit with their parent(s) every two weeks, and (2) 70% of the remaining children with the goal of reunification shall have a visit with their parent(s) once a month (Brian A. performance measure)	Case File Review	(1) 22% (2) 20%			
	2. By September 1, 2004, 85% of all children who have siblings with whom they are not living shall visit with those siblings at least once a month (Brian A. performance measure)	Case File Review	14%			
Item 14	By September 1, 2004, (1) 30% of all children with the goal of reunification shall have a visit with their parent(s) every two weeks, and (2) 70% of the remaining children with the goal of reunification shall have a visit with their parent(s) once a month (Brian A. performance measure)	Case File Review	(1) 22% (2) 20%			
Item 15	By October 1, 2004, 15% of children in care will be placed with a relative	AFCARS	8%			
Item 16	By September 1, 2004, (1) 30% of all children with the goal of reunification shall have a visit with their parent(s) every two weeks, and (2) 70% of the remaining children with the goal of reunification shall have a visit with their parent(s) once a month (Brian A. performance measure)	Case File Review	(1) 22% (2) 20%			
Strategy for Improvement/Action Steps		Benchmarks/Method of Measure Responsible Person(s)		Date Benchmark Achieved		Item Goal Impacted
				Projected:	Actual:	
Develop Engaging Families initiative to increase placements with families related to or familiar with the child by utilizing full family involvement in permanency planning and discharge planning to move more quickly to permanency and to ensure preservation of relationships *Initiative includes focus on improving assessments, permanency plan writing, and Family to Family implementation		See matrix pp. 19-20 for detailed steps and benchmarks		pp. 19-20		15
Develop and implement the Continuity of Services initiative to address diligent searches of absent or alleged parents beginning at the point of CPS contact		See matrix p. 21 for detailed steps and benchmarks		p. 21		12, 13.1 14, 15, 16
Develop pool of families committed to supporting sibling groups in foster care		Regional plans for recruitment are implemented Dir. of Foster Care		2/1/04		12
Train staff and develop aids to improve documentation and oversight of parent and sibling visitation to include referencing permanency plan expectations regarding visits		Training and documentation aids are developed and available to staff Dirs. of Foster Care, Permanency Support, Child Welfare Programs, and Training Division		12/31/03		13.1 & 2

Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
Make available contracted therapeutic visitation services as a service that makes parent/child visitation a constructive, relationship building experience. These services are educational in nature so that skills and knowledge about parenting can be taught on an individual basis. They are therapeutic in that the services provide individual consultation and counseling on the specific issues and concerns of each family and child. Some providers use a combination of individual, family, and group experience.	a. Develop new contracts to make services available regionally Dir. of Child Welfare Programs	a. 04/01/03	a.	13.1 & 2 14 16
	b. Utilize CSA purchasing to provide services where no state contracts are in place CSA directors	b. 04/01/03	b.	
	c. Develop statewide network of agencies available to provide services Dir. of Child Welfare Programs	c. 06/30/04	c.	
Develop support services for relative caregivers serving as non-custodial or foster care caregivers.	a. Relative caregiver specific in-service training is developed for DCS staff Relative Caregiver Coordinator	a. 12/31/04	a.	15
	b. Relative caregiver PATH courses implemented Relative Caregiver Coordinator	b. 11/01/03	b.	
	c. Relative caregiver's informational brochure available for distribution Relative Caregiver Coordinator	c. 12/31/03	c.	

Outcome and Item	Goal	Data Source	Baseline			
WB1	Families have enhanced capacity to provide for their children’s needs	2002 CFSR	52.0%			
Item 17	1. By September 1, 2004, for at least 32% of biological parents, services will be provided to meet their needs	Case File Review	29%			
	2. By September 1, 2004, for at least 42% of foster parents, services will be provided to meet their needs	Case File Review	40%			
	3. By December 31, 2004, 82% of children will have service plans designed to address their needs	CPORT	79% 2001			
Item 18	By September 1, 2004, 87% of parents will participate in permanency planning review meetings/hearings.	Case File Review	84%			
Item 20	By September 1, 2004, at least 70% of the families of origin for children with a goal of reunification will have face-to-face contact with the DCS case manager at least monthly	Case File Review	35%			
Strategy for Improvement/Action Steps		Benchmarks/Method of Measure Responsible Person(s)		Date Benchmark Achieved		Item Goal Impacted
				Projected:	Actual:	
Increase the availability of services to children in state custody and their families by the use of the Brian A. needs assessment process and resulting allocation of funds. Services are intended to be individualized and specific to identified needs.		a. Allocation plans developed and implementation begun Dir. Of Child Welfare Programs, Asst. Commissioner of Finance and Administration Regional Administrators		a. 11/12/02	a. 11/12/02	17.1, 2 & 3
The Brian A. settlement agreement provides for two statewide needs assessments. The purpose of these assessments is to determine the need for new/different placement and service resources by assessing unmet service needs as well as the effectiveness of the department’s use of existing services. Needs Assessment I was completed in July 2002, and funds were allocated to each region for development and/or enhancement of services based on the results.		b. Initial assessment of the effectiveness of the use of Needs Assessment I funds completed, and Dir. of Compliance		b. 7/08/03	b.	
Needs Assessment II will focus on regional needs for foster & adoptive homes, regional needs related to Relative Caregiver/Kinship Care programs, Independent Living/transition to adulthood, analysis of waivers for placements outside of a 75-mile radius of the child’s home of origin, analysis of waiting lists for services, and analysis of children who are placed by means of special, individual contracts.		c. Allocation plans for funds available in state fiscal year 2004		c. 07/31/03	c.	
		d. Process for determining scope and function of Needs Assessment II completed and independent contractors chosen		d. 07/31/03	d.	
		e. Needs Assessment II completed and report submitted to DCS		e. 01/31/04	e.	
Provide information to staff and general community concerning available community support services by completing and maintaining the web-based System of Support (SOS)		SOS WebPages are available on DCS internet Dir. of Permanency Support Units		7/1/03		17.1 - 3
Implement the Engaging Families initiative to utilize full family involvement at critical events in permanency planning and discharge planning to move more quickly to permanency and to ensure preservation of relationships		See matrix pp. 19-20 for detailed steps and benchmarks		pp. 19-20		17.1 - 3 18 20

Outcome and Item	Goal	Data Source	Baseline	
WB2	Children receive appropriate services to meet their educational needs	2002 CFSR	82.2%	
Item 21	By September 1, 2004, at least 84% of children identified as needing special education services will receive those services	Case File Review	81%	
Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
<p>Increase the availability of services to children in state custody and their families by the use of the Brian A. needs assessment process and resulting allocation of funds. Services are intended to be individualized and specific to identified needs.</p> <p>The Brian A. settlement agreement provides for two statewide needs assessments. The purpose of these assessments is to determine the need for new/different placement and service resources by assessing unmet service needs as well as the effectiveness of the department's use of existing services. Needs Assessment I was completed in July 2002, and funds were allocated to each region for development and/or enhancement of services based on the results.</p> <p>Needs Assessment II will focus on regional needs for foster &amp; adoptive homes, regional needs related to Relative Caregiver/Kinship Care programs, Independent Living/transition to adulthood, analysis of waivers for placements outside of a 75-mile radius of the child's home of origin, analysis of waiting lists for services, and analysis of children who are placed by means of special, individual contracts.</p>	<p>a. Allocation plans developed and implementation begun Dir. Of Child Welfare Programs, Asst. Com. of Finance and Administration Regional Administrators</p> <p>b. Initial assessment of the effectiveness of the use of Needs Assessment I funds completed, and Dir. of Compliance, Asst. Com. for System of Care</p> <p>c. Allocation plans for funds available in state fiscal year 2004 Asst. Com. of Finance and Administration, Regional Administrators Asst. Com. for System of Care</p> <p>d. Process for determining scope and function of Needs Assessment II completed and independent contractors chosen Asst. Com. for System of Care</p> <p>e. Needs Assessment II completed and report submitted to DCS Asst. Com. for System of Care</p>	<p>a. 11/12/02</p> <p>b. 7/08/03</p> <p>c. 07/31/03</p> <p>d. 07/31/03</p> <p>e. 01/31/04</p>	<p>a. 11/12/02</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>	21
Implement the Engaging Families Initiative so that assessments adequately address educational needs for school-age children and early intervention needs for children under three years of age	See matrix section on page 21 and 22 for detailed steps and benchmarks	see pp 21 & 22		21

Outcome and Item	Goal	Data Source	Baseline	
WB3	Children receive adequate services to meet their physical and mental health needs	2002 CFSR	69.4%	
Item 23	By December 31, 2004, the emotional/mental health at least 90% of children will be addressed through appropriate services	CPORT	87% 2001	
Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
Implement the Engaging Families Initiative so that assessments adequately address mental health needs of children and families and needs are appropriately addressed through services	See matrix pp. 21-21 for detailed steps and benchmarks	7/31/05		23
Increase the availability of services to children in state custody and their families by the use of the Brian A. needs assessment process and resulting allocation of funds. Services are intended to be individualized and specific to identified needs.  The Brian A. settlement agreement provides for two statewide needs assessments. The purpose of these assessments is to determine the need for new/different placement and service resources by assessing unmet service needs as well as the effectiveness of the department's use of existing services. Needs Assessment I was completed in July 2002, and funds were allocated to each region for development and/or enhancement of services based on the results.  Needs Assessment II will focus on regional needs for foster & adoptive homes, regional needs related to Relative Caregiver/Kinship Care programs, Independent Living/transition to adulthood, analysis of waivers for placements outside of a 75-mile radius of the child's home of origin, analysis of waiting lists for services, and analysis of children who are placed by means of special, individual contracts.	a. Allocation plans developed and implementation begun Dir. Of Child Welfare Programs, Asst. Com. of Finance and Administration Regional Administrators  b. Initial assessment of the effectiveness of the use of Needs Assessment I funds completed, and Dir. of Compliance, Asst. Com. for System of Care  c. Allocation plans for funds available in state fiscal year 2004 Asst. Com. of Finance and Administration, Regional Administrators Asst. Com. for System of Care  d. Process for determining scope and function of Needs Assessment II completed and independent contractors chosen Asst. Com. for System of Care  e. Needs Assessment II completed and report submitted to DCS Asst. Com. for System of Care	a. 11/12/02  b. 7/08/03  c. 07/31/03  d. 07/31/03  e. 01/31/04	a. 11/12/02  b.  c.  d.  e.	23

Outcome and Item	Goal	Data Source	Baseline			
SF 2	Case Review System		2			
Item 25	By September 1, 2004, at least 87% of parents will participate in Permanency Planning Review meetings/hearings	Case File Review	83.60%			
Item 28	By September 1, 2004, at least 50% of the children with a sole goal of adoption during the reporting period shall have a petition to terminate parental rights filed within three months of when goal was changed to adoption (Brian A. performance measure)	Case File Review	42.86%			
Item 29	1. By September 1, 2004, at least 87% of parents will participate in Permanency Planning Review meetings/hearings	Case File Review	84.80%			
	2. By September 1, 2004, at least 40% of foster parents will participate in Permanency Planning Review meetings/hearings	Case File Review	31.80%			
Strategy for Improvement/Action Steps		Benchmarks/Method of Measure Responsible Person(s)		Date Benchmark Achieved		Item Goal Impacted
				Projected:	Actual:	
Implement Engaging Families initiative to utilize full family involvement in permanency planning to move more quickly to permanency and to ensure preservation of relationships		Beginning phases of initiative are implemented  (see appendix for detailed steps and benchmarks)		3/1/03		25 29.1 & 2
Draft and implement legal-risk policy to address the number of cases presented to the court as exceptions to reasonable efforts in order to expedite children's movement to permanent homes		a. Policy is drafted  b. Policy is implemented		a. 01/31/03  b. 09/01/03	a. 01/31/03  b.	28

Systemic Factor and Item	Goal			Data Source	Baseline
SF 4	Training			2002 CFSR	2
Item 32	1. Beginning January 1, 2004, 90% of newly appointed front line supervisors will complete the required pre-service supervisory training series within 3 months of appointment. (Data to be reported quarterly)			Reports from Training Database	Training Database to be operational 01/01/04
	2. Beginning January 1, 2004, 95% of newly hired case managers will receive the required pre-service training prior to receiving primary responsibility for assigned cases (Data to be reported quarterly)			Reports from Training Database	Training Database to be operational 01/01/04
Item 33	By June 30, 2005, 90% of supervisors and managers will have completed training regarding competency-based performance evaluation procedures (Data to be reported quarterly)			Reports from Training Database	Training Database to be operational 01/01/04
Strategy for Improvement/Action Steps		Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
			Projected:	Actual:	
Implement a pre-service training program for case managers based on the Standards of Professional Practice Manual that is competency- and skill-based and provides learning activities that require skill demonstration of competencies and coaching to reinforce skills in an on-the-job learning situation  (Schedule for benchmarks may be modified through renegotiation with the ACF regional office based on implementation plan devised for practice manual.)		a. Competencies, skills and learning activities appropriate to each job function are identified Dir. of Training and Development	a. 7/31/03	a.	32
		b. Training courses are designed and implemented based on identified competencies and skills Dir. of Training and Development	b. 9/30/03	b.	
		c. Tools are developed and implemented for team leaders to assess employees based on identified competencies Dir. of Training and Development	c. 12/31/03	c.	
Implement the CPS supervisor training curriculum designed in collaboration with University of Kentucky and utilizing the federal grant administered through them  The following steps occurred from October 2002 - May 2003: Organizational Plan for Project established with administrative leads and trainers identified Topics of training modules identified and assign trainers and co-trainers DCS regions divided between impact group and control group IRB approval obtained for project Evaluative and research methodology instruments approved Training for Trainers delivered Orientation for participants delivered Module I delivered to participants in a 2-day session in Nashville and repeat sessions in Jackson  The following regions make up the impact group: Southwest Northwest Mid Cumberland Davidson Upper Cumberland Hamilton		a. Training model is developed and implemented Dir. of CPS, Dir. of Training and Development	a. 03/30/03	a.	32
		b. Job Performance Plans are revised for supervisors to reflect expectations established in training Dir. of CPS, Dir. of Training and Development	b. 10/31/03	b.	33
		c. Deliver Module II Deliver field mentoring to participants between each classroom module Dir. of CPS, Dir. of Training and Development	c. 07/31/03	c.	
		d. Deliver Module III Dir. of CPS, Dir. of Training and Development	d. 10/31/03	d.	
		e. Deliver Module IV Dir. of CPS, Dir. of Training and Development	e. 01/31/04	e.	
		f. Deliver Module V Dir. of CPS, Dir. of Training and Development	f. 05/31/04	f.	
		g. Deliver Module VI Dir. of CPS, Dir. of Training and Development	g. 09/30/04	g.	
		h. Training cycle is repeated for those not trained in initial cycle Team leaders trained in initial cycle provide mentoring for those beginning training Dir. of CPS, Dir. of Training and Development	h. 01/31/05	h.	
		i. Complete evaluation and research findings Dir. of CPS, Dir. of Training and Development	i. 03/01/05	i.	



Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
Implement Development and Support of Supervisors Initiative in order to support skills and knowledge provided in training.	See matrix p. 22 for detailed steps and benchmarks	p. 22		33
Implement a training program for new supervisors that is competency- and skill-based and provides learning activities that require skill demonstration of competencies and mentoring to reinforce skills in an on-the-job learning situation  (Schedule for benchmarks may be modified based on implementation plan devised for practice manual and through renegotiation with the ACF regional office.)	<p>a. Competencies, skills and learning activities appropriate to each job function are identified Dir. of Training and Development Regional Administrators Central Office Staff</p> <p>b. Identify courses available and appropriate to be required for newly appointed supervisors – formulate a "series" for this position Dir. of Training and Development</p> <p>c. Define job competencies for all learning objectives of each identified course Dir. of Training and Development</p> <p>d. Set up access to and tracking of completion of all courses on Oracle Training Administration (OTA) tool Dir. of Training and Development</p> <p>e. Create competency-based job performance planning and evaluation course for use by supervisors (Phase 3 of OTA project) Dir. of Training and Development</p> <p>f. Use OTA to ensure that all newly appointed supervisors complete the training program in a timely manner Dir. of Training and Development</p> <p>g. Train team coordinators to be knowledgeable about job competency expectations for team leaders and how to complete performance evaluations accordingly Dir. of Training and Staff Development</p>	<p>a. 7/31/03</p> <p>b. 07/31/03</p> <p>c. 07/31/03</p> <p>d. 08/29/03</p> <p>e. 09/30/03</p> <p>f. 09/30/03</p> <p>g. 01/31/04</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p>	33
Implement Engaging Families initiative to provide staff with the skills and knowledge to build and cultivate relationships with families, participate in/facilitate Child and Family Team meetings, and involve families in assessment and planning processes.	See matrix pp. 23 for detailed steps and benchmarks	pp. 23		33

Systemic Factor and Item	Goal	Data Source	Baseline	
SF 5	Service Array	2002 CFSR	2	
Item 35	1. By December 31, 2004, 85% of families received services to remain intact or to reunify.	CPORT	80% 2001	
	2. By December 31, 2004, the emotional/mental health at least 88% of children will be addressed through appropriate services	CPORT	87% 2001	
	3. By September 1, 2004, 70% of eligible youth will receive independent living services	Case File Review	68.4%	
Item 36	1. By May 30, 2004, the Resource Planning and Utilization Committee will submit recommendations for the coordinated spending of funds so that services are accessible to children in all regions of the state  2. By May 30, 2004, recommendations will be made for improvement of services across regions based on information gained through Needs Assessment II			
Item 37	By June 30, 2005, an annual report will be produced providing data on the performance measures incorporated into agency contracts			
Strategy for Improvement/Action Steps	Benchmarks/Method of Measure Responsible Person(s)	Date Benchmark Achieved		Item Goal Impacted
		Projected:	Actual:	
Increase the availability of services to children in state custody and their families by the use of the Brian A. needs assessment process and resulting allocation of funds. Services are intended to be individualized and specific to identified needs.  The Brian A. settlement agreement provides for two statewide needs assessments. The purpose of these assessments is to determine the need for new/different placement and service resources by assessing unmet service needs as well as the effectiveness of the department's use of existing services. Needs Assessment I was completed in July 2002, and funds were allocated to each region for development and/or enhancement of services based on the results.  Needs Assessment II will focus on regional needs for foster & adoptive homes, regional needs related to Relative Caregiver/Kinship Care programs, Independent Living/transition to adulthood, analysis of waivers for placements outside of a 75-mile radius of the child's home of origin, analysis of waiting lists for services, and analysis of children who are placed by means of special, individual contracts.	a. Allocation plans developed and implementation begun Dir. Of Child Welfare Programs, Asst. Com. of Finance and Administration Regional Administrators  b. Initial assessment of the effectiveness of the use of Needs Assessment I funds completed, and Dir. of Compliance, Asst. Com. for System of Care  c. Allocation plans for funds available in state fiscal year 2004 Asst. Com. of Finance and Administration, Regional Administrators Asst. Com. for System of Care  d. Process for determining scope and function of Needs Assessment II completed and independent contractors chosen Asst. Com. for System of Care  e. Needs Assessment II completed and report submitted to DCS Asst. Com. for System of Care	a. 11/12/02  b. 7/08/03  c. 07/31/03  d. 07/31/03  e. 01/31/04	a. 11/12/02  b.  c.  d.  e.	35.1 - 3 36 37
Modify contracts with agencies to include performance measures providers are to report on and standards that are to be met	Contracts modified with standards specified and reporting systems in place Dir. of Resource Development	07/01/03		35.1 - 3
Develop Independent Living services that address gaps to youth ages 14 and older, and train staff and foster parents on how to access services	a. Fiscal structure to support delivery of services is developed Coordinator of Independent Living, Fiscal Department  b. Begin providing training to Foster Parents and staff specific to independent living issues Coordinator of Independent Living  c. Begin recruitment of families to support and mentor youth past 18 years of age who have entered into voluntary service agreements Coordinator of Independent Living	a. 08/30/03  b. 10/01/03  c. 03/01/04	a.  b.  c.	35.3
Create Resource Planning and Utilization Committee to review department grants and plan future use of funds. This committee will be comprised of staff from all program areas, as well as stakeholder representatives and will be responsible for making recommendations for the use of the funds in a coordinated way to reach positive outcomes for children and families	Committee created Dirs. of Child Welfare Programs and Fiscal	09/30/03		35.1 - 3 36 37

## Engaging Families Initiative

Action Steps	Benchmarks/Responsible Person(s)	Date Benchmark Achieved		Goals Impacted
		Projected:	Actual:	
Develop protocol for child and family team meetings	Protocol developed with assistance of CWPPG and University of Tenn  Program Director of Foster Care	9/30/02	9/30/02	
Introduce the concepts of Engaging Families to regional staff through training that will develop frontline supervisors to serve as local experts that are available to facilitate Child and Family Team meetings and to consult with case managers  Training for Engaging Families consists of a three day training session to be followed up with support through coaching and mentoring. Before training for case managers begins in each region the region will develop a strategy for delivery.  Initial six regions - Hamilton Knox Northeast Northwest Southeast Upper Cumberland  Second six regions - Davidson East Mid Cumberland Shelby South Central Southwest	a. "Train the Trainer" provided in Knoxville by CWPG to a group of 26 people comprised of DCS staff from the six initial regions, TACC members, 1 UT trainer, and 2 CSA staff  Dir. of Child Welfare Programs  b. CWPG staff visit initial sites to model the facilitation of family team meetings and to provide staff trainers with feedback  Dir. of Child Welfare Programs  c. Same group of trainers from the initial six regions are trained on writing Permanency Plans  Dir. of Permanency Support  d. Remaining supervisory staff from initial six regions receive Engaging Families training Training to occur from April 2003 to June 2003 Dirs. of Foster Care and Permanency Support  e. "Train the Trainer" instruction provided to staff identified as "local experts" in remaining six counties. Dirs. of Foster Care and Permanency Support  f. Remaining supervisory staff from second group of six regions receive Engaging Families training Training to occur from Sept 2003 to Nov 2003 Dirs. of Foster Care and Permanency Support	a. 10/8/02 - 10/19/02          b. 10/11/02 – 12/15/02          c. 11/06/02 - 11/08/02          d. Training completed by 06/30/03          e. 8/30/03          f. Training completed 11/30/03	a. 10/8/02 - 10/19/02          b. 10/11/02          c. 11/06/02 - 11/08/03          d.          e.          f.	
Implement Family to Family in 3 pilot sites  Davidson County Shelby County Sumner County	Begin implementation through the use of the Team Decision Making process with families of children who are coming into the custody of the state  Dir. of Child Welfare Programs and staff Regional Administrators from 3 sites	6/17/03		

## Engaging Families Initiative (continued)

Action Steps	Benchmarks/Responsible Person(s)	Date Benchmark Achieved		Goals Impacted
		Projected:	Actual:	
Create workgroup to evaluate current assessment instruments and procedures and develop new protocol and access technical assistance	a. Workgroup is created and meetings begin Asst. Comm. of Child Welfare and Field Programs  b. Protocol is submitted for approval Asst. Comm. of Child Welfare Programs	a. 3/31/03   b. 9/27/2003		
Curriculum is developed for training of new assessment protocol that is to be delivered in conjunction with training on Permanency Plan writing	Curriculum developed Dir. of Child Welfare Programs Dir. of Training	12/1/03		
Deliver training on Assessments and Permanency Plan Writing to regional staff  Training consists of a four day curriculum and will be delivered to regions divided into same two groups as the Engaging Families initial training.  Each region develops a plan to integrate the Assessments and Permanency Plan writing concepts into practice. Plans are to include schedule for training to be delivered to case management staff	a. Training for trainers from 1st six regions Dir. of Child Welfare Programs and staff Dir. of Training  b. Training for trainers from 2nd six regions Dir. of Child Welfare Programs and staff Dir. of Training  c. Supervisors are trained. Initial six regions to be trained from Jan 2004 through March 2004 Second six regions to be trained from April 2004 through Sept 2004 Dir. of Child Welfare Programs and staff Dir. of Training  d. Case management staff are trained on Assessments and Permanency Plan writing Initial six regions to be trained from Feb - June 2004 Second six regions to be trained from May - Sept 2004  Regional Administrators Dir. of Child Welfare Programs and staff Dir. of Training	a. 12/09/03   b. 12/09/03   c. Training completed 09/30/04   d. Training completed 09/30/04		
Curriculum is developed for training on the four permanency plan goals.	Curriculum developed Dir. of Child Welfare Programs and staff Dir. of Training	10/30/04		
Deliver training on Permanency Plan goals to staff identified as regional trainers for this implementation	Training is delivered Dir. of Child Welfare Programs and staff Dir. of Training	11/30/04		
Deliver training on Permanency Plan goals to regional staff.  Before training is begun each region will develop a plan for delivery to case management staff.	Training process is begun Regional Administrators Dir. of Child Welfare Programs and staff Dir. of Training	1/31/05		

## Continuity of Services Initiative

Strategy for Improvement	Benchmarks/Responsible Person(s)	Date Benchmark Achieved		Goals Impacted
		Projected:	Actual:	
Engage regional leadership and field staff in discussions about how to encourage building and maintaining relationships between children/families and their case managers. Define the advantages and challenges to that process in the current system.	Meetings held with central office staff and regional staff and recommendations for changes to current system are developed Meeting will be held from Jan 2004 to June 2004 Asst. Comm. of Child Welfare Programs and Field Operations Regional Administrators	6/1/04		
Develop plan and supporting policies, and a strategy for statewide implementation	Strategy developed  Asst. Comm. of Child Welfare Programs and Field Operations Regional Administrators	7/29/04		
Implement model statewide	Continuity of Services is implemented Implementation will take place from Aug 2004 through Feb 2005  Asst. Comm. of Child Welfare Programs and Field Operations Regional Administrators	2/28/05		

## Develop and Support of Supervisors

Strategy for Improvement	Benchmarks/Responsible Person(s)	Date Benchmark Achieved		Goals Impacted
		Projected:	Actual:	
Identified competencies and skills appropriate to each job function	Competencies and skills are identified  Dir. of Training and Development	7/31/03		
Create relevant job plans for supervisors of each service area * Identify current job functions and behaviors * Determine expectations for supervisors and their staff * Develop job plans that accurately reflect expected performance * Identify skills and training needed to implement new job plans	a. Convene workgroups of supervisors Dir. of Child Welfare Programs  b. Job performance plans for supervisors of each service area are developed Development process will take place from Jan 2004 through March 2004  Dirs. of Child Welfare Programs Dir. of Training Regional Administrators	a. 10/01/03  b. 03/31/04	a.  b.	
Establish semi-annual meetings for supervisors with the purpose of enhancing the system of support, offering opportunities for skill-development, improving communication	Supervisor support meetings will begin  Dir. of Training and Development Dir. of Child Welfare Programs	5/1/04		

## Permanency Support Units

Strategy for Improvement	Benchmarks/Responsible Person(s)	Date Benchmark Achieved		Goals Impacted
		Projected:	Actual:	
Develop and implement a system for PSU staff to conduct quarterly reviews of cases in which children have not achieved permanency in a timely manner and provide case managers with assistance in moving the children and family toward permanency.	PSU staff begin reviews identified cases and consult with case managers  Dir. of Permanency Support, Regional Administrators	2/4/02	2/4/02	
Create and maintain SOS	Resource information is accessible via the state internet SOS website  Dir. of Permanency Support, Regional PSU staff	7/1/03		